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Filing Date October 19, 2001 First Named Inventor Vukari Hashizume Examiner Name Mark T. Henderson MAR Attorney Docket No. 550718-093 METHOD OF PAYMENT (s) METHOD OF PAYMENT (check all that apply) Check Credit card Money Other None Order (S) Poposit Account Name Thompson Hine LLP Solution (check all that apply) Check Increase a sutherized to: (check all that apply) Check Increase (s) indicated below Increase (check all that apply) Charge fee(s) indicated below Increase (check all that apply) Charge fee(s) indicated below Increase (check all that apply) Thompson Hine LLP Solution (check all that apply) Charge fee(s) indicated below Increase (check all that apply) Thompson Hine LLP Solution (check all that apply) Charge fee(s) indicated below Increase (check all that apply) Thompson Hine LLP Solution (check all that apply) Charge fee(s) indicated below Increase (check all that apply) Thompson Hine LLP Solution (check all that apply) Thompson Hine LLP Solution (check all that apply) Charge fee(s) indicated below Increase (check all that apply) Thompson Hine LLP Solution (check all that apply
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FEE TRANSMITTAL for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) METHOD OF PAYMENT (check all that apply) Check Condit card Card Card Card Card Card Card Card
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Claims
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1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 Filing a submission after final rejection
1201 86 2201 43 Independent claims in excess of 3 (37 CFR 1.129(a)) 1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be
1204 86 2204 43 ** Reissue independent claims examined (37 CFR 1.129(b))
over original patent 1801 770 2801 385 Request for Continued Examination (RCE)
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 1802 900 Request for expedited examination of a design application
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**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 420.00

SUBMITTED BY

Name (Print/Type)

John F. Kane

Registration No. (Attornev/Agent)

Signature

(Complete (it applicable))

Telephone 937-443-6816

Date 2//8/04

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